

EDD Call Center
PO Box
City CA Zip Code



State of California

Mail Date: 00/00/0000
SSN: 000-00-0000
Claimant Phone #:
(000) 000-0000

Claimant's Name
Claimant's Address
City CA Zip Code

NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED

You filed a claim for Unemployment Insurance benefits effective 00/00/0000. When you filed your claim you stated:

1. Your last employer was: Employer's Name
Employer's Address
City, State and ZIP Code
2. The last day you worked for that employer was 00/00/0000
3. The reason you are no longer working for the above employer is because you (Reason given when you Filed your claim).
4. You (are/are not) receiving a pension or other income.
5. You (are/are not) able and available to accept full time work.
6. You (do/do not) have the legal right to work in the United States.

Please check the above information carefully. EDD will consider this information correct unless you report other information within (ten) 10 days from the mailing date of this notice. Any response after 10 days may result in delay of benefits. Remember to include your name and Social Security Number in all correspondence with EDD.

Mail your response to the EDD address above or you may call EDD:

English	1-800-300-5616
Spanish	1-800-326-8937
Vietnamese	1-800-547-2058
Cantonese	1-800-547-3506
TTY	1-800-815-9387

If you reside outside California you may call 1-800-250-3913.